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ABSTRACT

Despite differential gender findings in the epidemiology of substance use, only a limited amount of research focuses on the differences in initiation into drug use and antecedent conditions. As part of the awareness of the need for mutual support among African American women, the National Black Women's Health Project, in conjunction with the Center for Substance Abuse Prevention, developed a holistic prevention program for seven historically black colleges. The program is based on a holistic wellness perspective designed to prevent abuse, promote mutual support, and help students develop improved capacities for problem solving. The self self-help, self-care group provides a psychologically safe environment to develop life enhancing skills to maintain wellness and provide knowledge about access to treatment. Forty-eight female students were trained in the self-help model. Group sessions included topics on substance abuse; depression; abusive relationships; and healthy eating. Data indicated little or no use of substances among self-help participants. Data on knowledge of effects and harmfulness of alcohol use as it related to African American women yielded mixed results. Mixed results on knowledge items pointed to the need for more information on health issues that confront African American college age women. (Contains 15 references.) (JDM)

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Self Help/Self Care As a Prevention Strategy

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Self Help/Self Care As a Prevention Strategy

The recent focus on health care disparity highlights the differential health status between White and African American women. Considerable risk factors for diseases among African American women have been identified and, with proper attention, can be prevented or treated (Cole, 2001). HIV/AIDS is the leading cause of death for African American women and men 25 to 44 years. Substance abuse is a primary factor in the transmission of HIV in women (Office of Minority Health, 1998). Despite the decline in HIV infections and AIDS-related deaths over the past 10 years, the rate among African American women has nearly tripled, from 7% in 1985 to 22% in 1997.

Several reasons have been noted for the increase in the rate of HIV/AIDS infection among African American women. The continued stigma associated with the disease, lack of comfort in talking about sex in the home, and "reports that the African-American community is dying have become so commonplace that these realities have lost the power to shock" are reasons for the continued progression of HIV/AIDS among African American women. The lack of insurance and access to adequate medical care prevents are also issues (Cole, 2001).

Each year approximately 45,000 African Americans die from smoking-related diseases that could have been prevented (CDC, 1994). According to the Surgeon General's recent report, three million women have died from smoking-related diseases since 1980. In spite of these data, the report notes that if the current trend continues, an estimated

Perkins's (2000) review of the literature on smoking cessation concludes that women are less successful than men in quitting smoking in spite of their greater relative risks of smoking-

related diseases than men. Among the reasons for the disparities based on research findings include the following: nicotine replacement therapy may not be as effective for women; women smokers are more fearful than men of gaining a lot of weight if they quit; medications to aid smoking cessation are not currently recommended for pregnant women; a women's menstrual cycle affects tobacco withdrawal symptoms, and responses to anti-smoking drugs may vary by cycle phase; and women may be more susceptible than men to environmental cues to smoking, such as smoking with specific friends or smoking associated with specific moods . Ethnicity was not included as a factor in this review.

Despite the differential gender findings in the epidemiology of substance use, only a paucity of research focuses on differences in initiation into drug use, antecedent conditions, and the role of crime. Gender differences have been found in the initiation into drug use. Approximately 90 percent of women reported that men played some role in their involvement with crack cocaine contrasted to only 17 percent of men reporting women involvement in their initiation. With regard to ethnic differences, preliminary data show that preexisting psychiatric problems were more likely to be antecedents of crack cocaine abuse among African American women than for other racial groups abuse (Najavits, Weiss, & Shaw, (1999). Similarly, women have been victims of crime have increased vulnerability to substance (Pottieger & Tressell, 2000) From these findings, it seems probable that preventing substance use and abuse can play significant roles to extend the quality and quantity of life for African American women.

Cognizant of the need for mutual support among African American women to address these health care issues, the National Black Women's Health Project (NBWHP), in collaboration with the Center for Substances Abuse Prevention, developed a holistic prevention program for seven Historically Black Colleges and Universities (HBCUs), including Southern

University and A&M College Baton Rouge. Self Help/Self Care group is based on a holistic wellness perspective designed to prevent abuse, promote mutual support, and help students develop improved capacities for problem solving and healthy ways of reducing stress. The Self Help/Self Care groups are designed to provide a psychologically safe environment in which to develop life-enhancing self-help/self-care skills to maintain wellness as well as knowledge of access to treatment (Lowe, 1999).

A Self Help/Self Care group is a group of people who agree to meet regularly to use National Black Women Health Project self-help empowerment process as a tool for creating/maintaining wellness. It is encouraging black women to explore options; respect for each woman's capacity to find her own answers; affirming and validating; unconditional acceptance without judgment or advice; providing connection and support; encouraging feelings; empowering each woman to take time for her self and to take command of lifestyle choices. Self Help/Self Care is not therapy; coercive; probing; advice giving; nor a substitute for professional or clinical assistance. (Lowe, 1999)

Participants

Forty-eight female students were trained in the Self Help/ Self Care model. At Southern University, students could volunteer to participate in the group sessions, which were advertised in the Department of Psychology or received course credits for either Field Experience or the University's Community Service course. Females selected as group facilitators were required to be trained in the Self Help/Self Care model.

Academically, the respondents were representative of the student population in general in terms of GPAs: 10.4% of the 48 participants had a grade point average between 4.0-3.50; 22.9%

between 3.49-3.00; 52.1% between 2.99-2.50, and 12.5% between 2.49-2.00.

Facilitators were required to submit weekly reports on group meetings, including data collected on 48 participants during the fall semester.

Procedure

In the self-help/self-care group, members exchange time, listening and speaking, as they share life stories, dreams, struggles and feelings. They do this in an atmosphere of mutual support, respect and care. The group is designed to structure time that supports members to think clearly and discover solutions to their own problems. The group provides a supportive atmosphere in which participants can explore and heal emotional hurts. Confidentiality is emphasized.

The group sessions included topics such as substance abuse, depression, abusive relationships, and eating healthy. Facilitators either selected or were assigned 6-8 females to their group. Groups were required to meet eight times and to perform a community service project.

Results

Of the forty-eight participants, 29.2% consumed 1 drink or less of alcohol a day and the remainder responded "I don't know" which is somewhat odd. With regard to smoking, chewing tobacco, 9.7% have never smoked, chewed, or quit more than 5 years ago; 4.2% presently use tobacco 1-7 times per day, or smoke 1 time per week; 2.1% smoke every two weeks. A little over 12% of the respondents indicated that they often used alcohol/substances to avoid being alone and 85% indicated that they never did so. In responded to the item "How do you cope if you have a family member who has a problem with alcohol/substances?", almost 69% indicated that

they would talk with a friend and 8% indicated "attend a self-help group". Almost 19% chose "other" rather than "to use a substance" or "overeat". Respondents were also asked if they know a woman who is infected with HIV/AIDS or who abuses substances to which 23% responded positively. Generally these data indicated little or no use of substances among the Self Help/Self Care participants.

The data on the knowledge of the effects and harmfulness of alcohol use as it relates to women in general and African American women in particular yielded mixed results. Participants were asked to respond "true" or "false" to statements such as: 1) Women respond to alcohol differently than men do; 2) Alcohol and birth control pills do not have an effect on one another.; 3) Women will be more affected by alcohol just prior to or during menstruation than at any other time during the menstrual cycle. 4) Alcohol increases sexual pleasure and performance. and 5) African American women ages 15 to 34 have cirrhosis of the liver rates over six times those of white women. Responses were mixed for items 3-5 which indicate the need for groups to address these issues.

Research in general has shown a number of benefits to participation in self-help groups and the differential needs of women of color. Participation in self-help groups and therapy have resulted in enhanced development of health conscious behaviors; increased ability to cope with life problems; access to and participation in a non-familial mutual support network; fostered a stronger sense of self-worth; developed healthier relationships; and, improved health (Boyd-Franklin, 1987; Davenport & Yurich, 1991; Myers, 1986; Turner, 1991; Lowe & Braxton, 1996).

The findings from our data indicated little or no substance use among the facilitators and group members. However, the mixed results on the knowledge items point to the need for more information on the health issues confronting college age African American women.

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